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	3. Generator's Name and Mailing Add Sundstrand Data Cont	iress		, 00007		A. State N 0000		cument	Numb	er	
	Building 2114, Grant		, Moses	Lake, WA	98837	B. State C	ienerator's				
	5. Transporter 1 Company Name Northwest EnviroServ	6	6. US 0	EPA ID Numbe	r	C. State T D. Transp	ransporter	's IDWA			
	7. Transporter 2 Company Name			EPA ID Numbe	r	E. State T	ransporter	's ID	0,02		
	Designated Facility Name and Site	Address	10. US I	EPA ID Numbe	r	F. Transp G. State F					
	Northwest EnviroServ	ice				WADO	<u>583671</u> .				
	1500 Airport Way Sou Seattle, WA	th	WAD058	367152		H. Facility (206	's Phone) 622–1	090			
	11. US DOT Description (Including Pro	oper Shipping Name, Haza	ard Class and	ID Number)	12 Conta No	iners	13. Total luantity	14. Unit Wt/Vol	Wa	I. aste No).
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E R	[Acetone, 2-Buta XX Flammable Liquid	· ·	UN 1993	ene j	11	DM	55	G	D00		
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	J. Additional Descriptions for Materia 15. Special Handling Instructions and					K. Handlin	367	401	79		
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FRANSPORTER	18. Transporter 2 Acknowledgement Printed/Typed Name	or Receipt of Materials	Signa	ature			· · · · · · · · · · · · · · · · · · ·	i	Month	Day	Year
^	19. Discrepancy Indication Space		1					1	1		
FAC											
F40-1-F7	20. Facility Owner or Operator: Certi	fication of receipt of haza			this manufe	st except a	s noted in I		Marth	000	Vass
٧	Printed/Typed Name	e/	Signi				LK. C.	/ i	Month 9	27	Ser

Style F15R-6 Labelmaster, Div. of American Labelmark Co. Inc. 60646 EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete

	U	NIFORM HAZARDOUS	21 Generator's US EPA	ID No	Manifest Doc	cument No	2. Page 1		in the shaded areas
П	_	WASTE MANIFEST	WAD012302667		00008		of 1		red by Federal law
Н	3.	Generator's Name and Mailing Ad						anifest Docum	ient Number
Ш		Sundstrand Data Cont Building 2114, Grant	County Airport				00008 B. State Ge	enerator's ID	
П	4	Building 2114, Grant Moses Lake, WA 9883 Generator's Phone (509)	62-5561					2302667	
П		Transporter 1 Company Name	02 3301		EPA ID Numbe	er			WAD058367152
П		Northwest EnviroServ	rice	WAD058	3367152				(206) 622-1090
	7.	Transporter 2 Company Name		8 US	EPA ID Numbe	er	E. State Tra	ansporter's ID	
Ш								rter's Phone	
$\ \ $	9.	Designated Facility Name and Sit Northwest EnviroServ		10. US	EPA ID Numbe	er.	G. State Fa	icility's ID 8367152 ^{1.}	
Ш		1500 Airport Way Sou					H. Facility's		
П		Seattle, WA 98134		WAD058	3367152			622-1090	
$\ \ $		US DOT Description (Including Pi	roper Shipping Name, Haz	ard Class and	ID Number)	12 Conta	iners	13 14 otal Ur	
Ġ		HM Description (including ri		aru Ciass ariu		No		iantity Wir	Vol.
N	a.	Waste Flammable [Acetone, Toluen	Liquid, NOS						D001
E R		[Acetone, Toluen	e, 2-Butanone,	Isopropan	.01]	1	DM 5	55	F003 F005
A	b.	xx Flammable Liquid		UN1993	·	1	-	,,,	1 1005
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	J.	Additional Descriptions for Materia	als Listed Above				K. Handling	Codes for Wa	stes Listed Above
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	3			All Carlot					•
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	15.	Special Handling Instructions an	d Additional Information			<u> </u>			
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П									
Н	16	GENERATOR'S CERTIFICATION	It I haraby declare that th	a contents of	this consumer	and are ful	lly and near	otaly dasarib	nd phays by proper
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		to applicable international and n Unless I am a small quantity gen	5		te or regulation	n from the o	duty to make	a waste minin	nization certification
11		under Section 3002(b) of RCRA, I have determined to be econom	I also certify that I have a	program in ol	ace to reduce t	the volume	and toxicity	of waste gene	rated to the degree
Н		which minimizes the present and	future threat to human h	ealth and the	environment.	A	Storage, or o	iisposai cuite	nity available to me
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Ā	17.	Transporter 1 Acknowledgement Prints d/Typed Name	nt of Receipt of Materials	Signa	aturo 10		11		Month Day Year
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	19	. Discrepancy Indication Space							
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*		Printed/Typed Name	10.02	4 Sign	aluje	< //		1.0	Month Day Year
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EPA Form 8700-22 (Rev. 4-85) Previous edition is obsolete

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Signaturfe

20. Facility Owner or Operator: Certification of receipt of hazardous materials experted by this manifest except as noted in Item 19.

Printed/Typed Name

Style F15R-6

Labelmaster, Div. of American Labelmark Co. Inc. 60646

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A	UNIFORM HAZARDOUS 21. Generator's US EPA WASTE MANIFEST WADO12302667	ID No	Manifest Doc	cument No	2. Page of 1			the shaded a by Federal la	
Н	Generator's Name and Mailing Address					Manifest Do	cumen	t Number	
П	Sundstrand Data Control, Inc.				202	3 <u>6</u> 00	006		
П	Building 2114, Grant County A:	irport,	Moses I	Lake		Senerator's			
Н	4. Generator's Phone (509) 762-5561			337		012302			
Ш	5. Transporter 1 Company Name	1	EPA ID Numbe	er	C. State	ransporte	rs IDW	AD05836	$\frac{7152}{1000}$
П	Northwest EnviroService Inc. 7. Transporter 2 Company Name		3367152 EPA ID Numbe			ransporter		06/622-	1090
	7. Transporter 2 Company Name	i. 03 i	EFA ID Numbe	;1		orter's Pho			
	Designated Facility Name and Site Address	10. US E	PA ID Numbe	er		acility's ID		 	
1	Northwest EnviroService Inc.				1)58367			
	1500 Airport Way South	WAL	0583671	52	H. Facility	's Phone		•	
	Seattle, WA 98134					622-1	090		
G	11. US DOT Description (Including Proper Shipping Name, Haza	ard Class and I	D Number)	12. Conta No.		13. Total Juantity	14. Unit Wt/Vol	I. Waste No	0.
E	a. Waste Flammable Liquid, NC)C						E003	
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R	[Acetone, Toluene, 2-Butar xx Flammable Liquid	UN 1993	- Optopai	01, 1	DM	55	G	£88₹	
7	b. Hazardous Waste Liquid, NO	JS							
R	[Waste Tinning Oil]	NA 9189		1	DM	25		WT02	İ
	c.	NA 9109		<u> </u>	DM	25	G		
	d.							100 May 100 W. 14	3.5
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	J. Additional Descriptions for Materials Listed Above			اله	K. Handlin	g Codes to	r Waste	s Listed Abov	Θ
11									
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		下海(100)。		124	Section (15.0		A STATE AND A STATE OF	
	15. Special Handling Instructions and Additional Information		<u></u>						
	 GENERATOR'S CERTIFICATION: I hereby declare that the shipping name and are classified, packed, marked, and la 	abeled, and are	this consignm in all respect:	ient are tui s in proper	condition f	irately des or transpo	cribed a rt by hig	above by prop phway accord	per ing
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	19. Discrepancy Indication Space							·	
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۲	20. Facility Owner or Operator: Certification of receipt of haza	ardous materia	Is covered by	this manife	st except a	s noted in I	tem 19.		
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ORIGINAL-RETURN TO GENERATOR

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EPA Form 8700-22 (Rev 4-85) Previous edition is obsolete

Signature

ORIGINAL-RETURN TO GENERATOR

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

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Labelmaster, Div. of American Labelmark Co. Inc. 60646

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						County (509) 76		rt; Mos	es Lake	, WA	B. St	ate Generato	rs ID	
Ш	4.	Gene	rators	Phone (286)	(509) 76	2-556	1	98837 EPA ID Numb	or	C S	ADO 123	2667	AD058367152
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GE		US D	OT De	escription	(Including Pr	oper Shipping N 	lame, Haza	ard Class and	ID Number)	No.	Туре	Total Quantity	Unit Wt/Vol	Waste No.
N	а.	х	Wa	aste 1	Methyle	ene Chlo	ride n	mixture			{			F001
E R			OF	RM-A,	UN 159	3	· · · · · · · · · · · · · · · · · · ·			5	DM	275	G	WPo1
0	b.	Х	_Wa	iste '	البلباء	richlor	oethar	ne mixt	uro		M.G.	55		TR
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	d.											-		1.5. 446-24.5
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	15.	De	sig	nated	l facil	Additional Info	l be N						11 be	
	16.	GEN shipp to ap Unle unde I hav	ERATO ping n pplicati ss I ar er Sectore dete	OR'S CER ame and ole interna m a small tion 3002(ermined to	ATIFICATION are classified ational and na quantity gene b) of RCRA, b be econom	: I hereby declar, packed, mark ational governmentation who has I also certify the	are that the sed, and la sent regula been exemat I have a ble and I have a	e contents of beled, and ar- tions. npted by statu program in pl ave selected t	this consignre in all respecte or regulation ace to reduce the method of	ment are fu ts in prope in from the the volume	illy and r condit duty to e and to	accurately de ion for transpersion for transpersion make a waste exicity of wast	escribed fort by his minimiza	above by proper ghway according ation certification ted to the degree y available to me
			ed/Ty	ped Name					ature	-)	1			Month Day Year
Y	_			YOR7					<u>/~`/~</u>		D			12 17 85
T	17.					of Receipt of N	Materials							
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P				M Ackno		BORN Tof Receipt of N	Materials		1ary 1	7-1	M	·v-		17/1/1/
RTER	10.			ped Name		TOT Neceipt of t	viateriais	Sign	ature					Month Day Year
户	19.	Disc	repan	cy Indicat	ion Space								_	
FACI	•			,										
Ļ	20.	Facil	ity Ow	vner or Op	erator: Certi	fication of rece	ipt of haza	rdous materia	als covered by	this manife	st exce	ept as noted i	n Item 19	,
¥		Prin	ed/Ty	ped Name	1			Sign	ature		2	•	/	Month Day Year
L		7	9 -6	2//	e55.4		···		<u> </u>	_//	e	rel		121863
Sty	e F1	5R-6	Lab	elmaster, D	iv. of Americal	Labelmark Co I	nc. 60646			E	PA Form	8700-22 (Rev.	4-85) Prev	ious edition is obsolete.

PR	INTED BY: HAZARDOULMATERIAL			530, 215–6	83-6721					
Į.	EPORT ANY UNRECOVERED DIS- HARGE EQUAL TO OR IN EXCESS OF		QUANTITY VALUE	CHEM T	REC	=	800-42	4-9300		PLACARDS PROVIDED
1 5	ACH HAZARDOUS WASTE ASSIGNED	1 = 5000 LBS		EPA HO	TLINE	=	800-42	4-9346		
	RO" VALUE TO NATIONAL RESPONSE ENTER	2 = 1000 LBS 3 = 100 LBS		CDC PO	SON CE	NTER =	404-63	5-5313	<u> </u>	
`	800-424-8802	3 ~ 100 LBS.		DOT			202-42	6-1830		
Pie	ase print or type. (Form designed for use									0404. Expires 7-31-86
A	UNIFORM HAZARDOU	S 1. Generate	or's US EPA ID No.	M Decu	anifest megt No.	2. Pag	_	nformat s not	ion in i requir	the shaded areas red by Federal
П	WASTE MANIFEST	W·A·D·	0 1 2 3 0 2 6	6/11) () 4] of	1 1	aw.		
П	3. Generator's Name and Mailing					A. Sta	ate Manif	est Doc	ıment	Number
П	Sundstrand Data Conti	rol, inc.	4	116 (20027	9. 54	te Gener		11	•
П	Building 2114, Grant		ort, moses Lak	e, was	38837	D. Su	-		والمراشق	
П	4. Generator's Phone (509) 5. Transporter 1 Company Name	702-3301	6. US EF	A ID Numb	Ar	C Str	te Trans	norter's		
11										6) 622-1090
П	Northwest Tank Service 7. Transporter 2 Company Name	<u> </u>		A ID Numb						1000 1000 1000 1000 1000 1000 1000 100
			1				ensporter			
П	9. Designated Facility Name and	Site Address	10. US EF	A ID Numb	er		te Facili			-15 = 1 · · · ·
П	Northwest Tank Service	ce				 .				4 4
П	1500 Airport Way S.						cility's Pl		و ترسیط و	
П	Seattle, WA 98134		W · A · D · O · 5 · 8	3 · 3 · 6 · 7	1.5.2	} (2	206) 8	522-10	090	
$\ \ $	11. US DOT Description (Including Pr	oner Shinning Nam	e Hazard Class and I	D Number	12.Cont	ainers	13 Tot		14. Unit	j , i
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6	FLAMMABLE LIQUID	, UN 1219			. 3.	DM			G	D001
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	J. Additional Descriptions for Materials	Listed Above	•						Wastes	Listed Above
П	Marie Miller Miller	•			4)	202	1, 17	7	٠ <u>ڔ</u> ۲. پ	1.
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П	TE Special Handling Instructions of	nd Additional Info	rmotion				•			
П	15. Special Handling Instructions a	na Additional Info	rmation							
П										•
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П										••
$\ \ $	18. GENERATOR'S CERTIFICATION									
$\ \ $	above by proper shipping name and transport by highway according to	d are classified, pac applicable internet	ked, marked, and label	ed, and are ernmental :	in all resp regulation	ects in	proper co	ondition	for	
11			e national gov		282.01.01					Date
	Printed Typed Name		Signature	(4_				Month Day Year
1	TOM YORTEK				\leq	1		-		5 20 83
Ā	17. Transporter 1 Acknowledgemen	t of Receipt of M					\cap			Date
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P O	18. Transporter 2 Acknowledgemen	SOLA DE	latorials	wid	U	<u>. L</u>		UL		- RU 120
R	Printed/Typed Name	t of Decempt of M	Signature							Date Month Day Year
Ė	Timed/Typed Italie		Signature							l l l
<u></u>	19. Discrepancy Indication Space									
FAC										
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Ţ	20. Facility Owner or Operator: Certifiem 19.	ification of receipt	of hazardous meteria	s covered	by this m	anifest	except	as noted	i in	
*	Printed/Typed Name		Signature							Date Month Day Year
			Signature	2				1	0	**
L	Love Nassa	<u> </u>				·	20	1		G385
EP	A Form 870C-22 (3-84)		ت المال ا					/		

I MINITED BY . MACADOUG MATERIALS	PUBLISHING CU., KU121	I UWN, PA. 195	30, 215 <u>-</u> 6	83-6/21				
REPURT ANY UNRECOVERED DIS-					=	800-424-9300		PLACARDS
LEACH HAZARDOUS WASTE ASSIGNED	1° = 5000 LBS. 4	= 10 LBS.	EPA HO	TLINE	=	800-424-9346	ļ	PROVIDED
"RO" VALUE TO NATIONAL RESPONSE		= 1 LB.	CDC POI	SON CEN	ITER =	404-635-5313	<u></u>	
1	3 = 100 LBS.	!	DOT		=	202-426-1830	1	
	elite (12-pitch) typewriter.)		L		Form /	Approved OMB No	2000	-0404. Expires 7-31-80
UNIFORM HAZARDOUS					2. Pa			
T WASTE MANIFEST		3.0.2.6.6.	7 000	וטיטייטי	lof	law.	requi	
1 1 1					A. St	ate Manifest Doc	ument	Number
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1 3 3	• •				B. St	ate Generator's II	D .	
4. Generator's Phone (509)								
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Northwest lank Service	₩				ļ			<u> 16): 622-1090</u>
7. Wanaportor 2 Company Hame	0.	03 27 A	io ituliio	0 1				
9. Designated Facility Name and Si	te Address 10.	US EPA	ID Numb	er			}	
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	er Snipping Name, Hazari	a ciass, and ID	Number)	No.	Type	Total Quantity	Unit Wt/Vo	Waeta No
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CHARGE EQUAL TO OR IN EXCESS OF 2-5000 LBS. 4-10 LBS. CARD HAZARDOW SWSTA ASSIGNED 2-1000 LBS. 5-11.B. COC POISON EXTENT 400-4536-513 COC POISON EXTENT 400								
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J. Additional Descriptions for Materials L	isted Above				К. На	ndling Codes for	Waster	Listed Above
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15. Special Handling Instructions and	Additional Information							
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0 18. Transporter 2 Acknowledgement	or Receipt of Materials							Date
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19. Discrepancy Indication Space			- 7					
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L	cation of receipt of hazare	dous materials	covered t	y this m	enifest	except as noted	d in	
tem 19.	or roomproverman	/		٠, ٠.٠٠٠ ،١١١				Date
Printed/Typed Name		Signature	A	f()		R		Month Day - Year
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EPA Form 8700-22 (3-84)								ــــــــــــــــــــــــــــــــــــــ
A ALIU A A AA-EE (9-04)			/				Ą	,06-018985

HAZARDOUS-WASTE MANIFEST

				M	MILE?	1 DOCUM	MENT NUMBE	:R
c	F Van Waters & Rogers Ge D Code No. WAD067548966 E. B 201 S. 212th Ad Ion Kent, WA 98031 Or (206) 872-5000 Ph D.O.T. PROPER SHIPPING NAME HAZAR DRUMS WASTE ISOPROPANOL FLAMMABI ORUMS WASTE TRICHLOROETHYLENE ORM A DRUMS HAZARDOUS WASTE, LIQUID, NOS ORM E (Freon) D. subject to the classifications and tariffs in effect on the date of the issue of this Bill of Leding, the p without of the property stated by the shipper to be not exceeding Per D. subject to the classifications and tariffs in effect on the date of the issue of this Bill or Leding, the p without of the property of the shipper to be not exceeding the property of the shipper to be not exceeding the shipper to be the shipper to be not exceeding the shipper to be the shipper to be not exceeding the shipper to be not exceed			01-47	72076			
TO:			FROM:					
T/S/D			Generator		Sur	ndstrand	Data Conti	<u> </u>
			E.P.A. ID Cod	le No.		<u> </u>		
Addres			Address				-Grant City	
Destin Phone			Origin Phone			ses Lake		837
No	(206) 872-5000		Prione		EDA	09) 762-		
Shipping Units	OP/F Van Waters & Rogers ID Code No. WAD067548966 SS 8201 S. 212th Mation Kent, WA 98031 DOT. PROPER SHIPPING NAME DRUMS WASTE ISOPROPANOL DRUMS WASTE TRICHLOROETHYLENE DRUMS HAZARDOUS WASTE, LIQUID, NOS O (Freon) ARDS REQUIRED Where the rate is dependent on value, shippers are required to state specifically in the aggreed or declared value of the property. The aggreed or declared value of the property of the property of the shipper to be not exceeding per the control agrees to carry to its usual place of desirety at said destriction in the same of the shipper of the property of the desired part of the shipper of the s		ZARD CLASS	Haz. Mat. I.D. No.	Haz Waste No.	WEIGHT	LABELS REQ (or Exemption	No.)
3	DRUMS WASTE ISOPROPANOL .	FLAMM	ABLE LIQUID	UN1219	F005	1,200#	FLAMMABLE	LIQUID
2	DRUMS WASTE TRICHLOROETHYLENE	ORM A		UN1710	F001	1,400#	NONE	
8		ORM E		NA9189	F001	5.600#	NONE	
21.404	PDC DECHIDED							
NOTE - Wh	ere the rate is dependent on value, shippers are required to state specifically agreed or declared value of the property. The agreed or declared value of the hereby specifically stated by the shipper to be not exceeding		Subject to Section 7 of the conditions, on the consigner, the consigner shall or The carrier shall not doubt delivery of t	age the following so	s payment of freight	e consignee esthaut recei and off other lawful char	FREIGHT CHEPREPAID CO	IARGES OLLECT
packa under or any bill of Shipp and b	ges unknown), marked, consigned, and destined as indicated above which said carrier (it the contract) agrees to carry to its usual place of delivery at said destination, if on list of, eald property over all or any portion of said route to destination and as to each party leading terms and conditions is the governing classification on the date of shipment, as hereby certifies that he is familiar with all the bill of lading terms and conditions in the sealings.	e word carrier in oute, otherwise y at any time in he governing cli	being understood throughout ti to deliver to another carrier to termined in all or new said for	his contract as on the route to	meaning any p said destinati	person or corporation. It is mutually	on in possession of the pro egreed as to each carrier of order about he subject to all	perty fail
AL	TERNATE DESTINATION (EMERGENCY ON	LY)	EMER	GENCY	RESPO	INSE INF	ORMATION	
T/S/D/			CONTACT: N		Chem T			
			PI	none	800-42	4-9300		
Addres	S		National Resp	onse C	enter		1-800-424-880	
Jestina		eogler	PATION			in D.	C. 426-267)
This is for trai Senerati	to certify that the above named materials are properly insportation according to the applicable regulations of	classified the Depa	, described, packa	ged, mari tation and	ked and la I the U.S. Date	abeled, and Environme	are in proper conntal Protection A	dition agency.
						No WAL	0067548966	
Address					C.7 .A. IL	J NO	70071 3 0,700	
			State_WA	Zip		Phone _	(509) 545-8	
lity	Pas.co							401
Jity	This is to certify accepta	nce of th	ne hazardous was	ste shipr	nent. Date_	7/20	184	401
ranspo	ter No. 1 Annual Defames per	nce of th	ne hazardous was		Date_	7/20 D No. WADO	067548966	401
ransportignatur	This is to certify accepta	nce of th	ne hazardous was		Date_	7/20 D No. WADO	067548966	401
ranspo	This is to certify accepta	nce of th	ne hazardous was		Date_ E.P.A. II		0/54 067548966 (206) 872-5	
ranspolignatur RANS ddress ity	This is to certify accepta PORTER #2 Van Water's & Rogers 8201 S - 217Th Kent This is to certify accepta	<i>Uu</i>	State_WA_	Zip	Date_ E.P.A. II 98031		(206) 872-5	
ransporignatur RANS ddress ity ransporignatur	This is to certify accepta PORTER #2 Van Water's & Rogers 8201 S - 217Th Kent This is to certify accepta	<i>Uu</i>	State_WA_	Zip	Date_ E.P.A. III 98031	Phone_	(206) 872-5	

ORIGINAL - RETURN TO GENERATOR

606-018986

HAZARDOUS WASTE WANTES

STRAIGHT BILL OF LADING	.	N	ANIFES	T DOCUM	ENT NUMBER	
ORIGINAL - NOT NEGOTIABLE	983	<u>"</u>			ILIVI NOMBLIN	
5/4/2			01-2642	23		
TO:	FRON	C 1 - 4.			_ 1	
T/S/D/F MCCLARY COLUMBIA E.P.A. ID C WAD 092300250	Gener	ator Sundsti		a Contr	01	
E.P.A. ID C WAD 092300250 Address 625 S. 32nd	Addre				nty Airport	
Destination Washougal, WA 98671	Origin	Moses I	ake, W	98837		
Phone	Phone		62-556 EPA		LABELS REQUIR	, (0)
Shipping D.O.T PROPER SHIPPING NAME	HAZARD C	LASS Haz. Ma	Hay Wacte	WEIGHT	(or Exemption N	5.)
₹ S dr. Freon-Hazardous Waste, Liquid, NOS	ORM-E	9189	F001	4080#	none	Test ve
廖dr. Freon-Hazardous Waste, Liquid, NOS	UNIT-L	3103	1 1001	1000#	TIOTIC	
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PLACARDS REQUIRED none					- EDEICHT CHAR	<u></u>
NOTE - Where the rate is dependent on value, oblippers are required to state specifically the agreed or declared value of the property. The agreed or declared value of the is hereby specifically stated by the shipper to be not exceeding 8		on 7 of the conditions, if this stepment, , the consigner shalf sign the following i not make Calivary of this shipmont wit	s to be collected to the statement tour perconn of breight	and all other lawful charg	FREIGHT CHAR PREPAID COLL	ECT
la heraby specifically stated by the shipper to be not exceeding 8 Per		(Signature of C	ona (grae)]
RECEIVED, subject to the classifications and tariffs in offect on the date of the Issue of this 8 packages unknown), marked, consigned, and destined as indicated above which said carrier (the under the centract) agrees to carry to its usual place of delivery at said destination, if on its receivery at a said property ever all or any portion of said route to destination and so each party a bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the ansigns.	word carrier being unders	lood throughout this contract	as mounting any p	arson or corporatio	in in possession of the property	
under the contract) agrees to carry to its usual place of delivery at said destination, if on its rought of the said property over all or any portion of said route to destination and as to each party of bit of lading terms and conditions in the governing classification on the date of shipment.	at any time interested in a	Il or any said property, that o	very service to t	e performad horaun	der shall be subject to all the	2
	governing crassification					
ALTERN		EMERGENC	Y RESPO	INSE INF	ORMATION	
T/S/D/F <u>V</u> VAN WATERS & ROCERS E.P.A. ID Co ORD 009227398	CON.	FACT Name Va	106) 872	2-5000	ers	
Address 8 3950 NW Yeon Ave	Natio	nal Response			1-800-424-8802	
Destination K Portland, OR 97210	FICATIO	•		in D.	C. 426-2675	
This is to certify that the above named materials are properly c			rked and I	abeled, and	are in proper conditi	on 🖟
for transportation according to the applicable regulations of t	the Department of	of Transportation a	nd the U.S	. Environme	ntal Protection Agen	ку.
Generator Signature			Date	7-29 -	そう	
TRANSPORTER #1 Van Waters & Rogers			_E.P.A. II	No. WAD	067548966	
Address8201 S. 212th						00
CityKent,		tate_WAZip_	98032	Phone _	(206) 872-50	UU
Transporter No. 1	nce of the haza	rdous waste shi	oment.	2/20	143	
Signature / Com Diffured				7/29		
TRANSPORTER #2 Van Waters & Rogers Address 3950 N.W. Yeon Ave.			_E.P.A. I	O No. ORD	009227398	
Address 3350 N.W. Teoff Ave. City Portland		tate_ORzip_	97210	Phone	(509) 222-17	21
This is to certify accepta					 	4
Transporter No. 2 Walter & Firesman			Date_			8
TREATMENT STORAGE DISPOSAL FACILITY				· · · · · · · · · · · · · · · · · · ·		
This is to certify acceptance of the	hazardous wa:	ste for treatment	storage.	or disposa	ال خــــــ	1
T/S/D/F Signature	ac	Morago	Date_	1/2 5	1-83.	
	ಎಲ್. ರಿಚಿನ್ ಕ್ರಾಂಡ್ ನಾ	O OPPARA -	_(
ORIGINAL - RE	TURN T	O GENERA	AUK			

HAYARDUUS WASIE MANIESI

STRAIGHT BILL OF LADING			MA	ANIFES	T DOCUM	MENT NUMBER
ORIGINAL - NOT NEGOTIABLE				01-2	26422	
		•				
TO: T/S/D/F Northwest Tank Service		FROM: Generator Su	indstr:	and Dat	a Contr	ro l
E.P.A. ID Code No. WAD058367152		E.P.A. ID Cod	e No.		1249392	·
Address 1500 Airport Way S.		Address B1	dg. 2			inty Airport
Destination Seattle, WA 98124		Origin Mo			98837	
Phone (206) 622-1090	•	Phone (5		52-5561		
Shipping D.O.T. PROPER SHIPPING NAME Units	НА	ZARD CLASS	Haz. Mat. I.D. No.		WEIGHT	LABELS REQUIRED (or Exemption No.)
				,		
1 dr. Isopropanol	Flamm	nable Liquid	1219	F005	401#	Flammable Liqui
	 					
	 					
]		,
	<u> </u>					
PLACARDS REQUIRED Flammable Liquid						···
NOTE - Where the rate is dependent on value, shippers are required to state specifically the agreed or declared value of the property. The agreed or declared value of the is hereby specifically stated by the shipper to be not exceeding Per		Subject to Section 7 of the constitues of on the Consignor the Consignor shall as The Carrier shall not make delivery of in		staneal d payment of treight	consigned without recou	FREIGHT CHARGES PREPAID COLLECT
RECEIVED, subject to the classifications and fariffs in effect on the date of the issue of this packages unknown), marked, consigned, and destined as indicated above which and carrier (th under the contract) agrees to carry to its usual place of delivery at said destination, if on its ror any of, said proporty over all or any portion of said route to destination, and as to each partial till of feding terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is tamiliar with all the bill of lading terms and conditions in the and his assigns.	e word carrier outs, otherwise r at any time in ne governing cl	being understood throughout the sit of deliver to another carrier of terested in all or any said prog assification and the said terms	is contract as on the route to perty, that eve a and condition	meaning any pe said destination ry service to be ns are hereby as	erson or corporation, it is mutually is performed hereun greed to by the shi	in in passession of the property agreed as to each carrier of all dor shall be subject to all the pper and accepted for himself
ALTERNATE DESTINATION (EMERGENCY ON	LY) 🧺 🔞	EMER	<u>GENCY</u>	RESPO	NSE INF	ORMATION
T/S/D/F Van Waters & Rogers		CONTACT No				ers
E.P.A. ID Code No. <u>WAD067548966</u>		Ph	one <u>(20</u>	6) 872	-5000	
Address 8201 S. 212th		National Resp	onse C	enter	_	1-800-424-8802
Destination Kent, WA 98032	नकताना	PATION		y 3 3 /	ın D.	C. 426-26/5
This is to certify that the above named materials are properly for transportation according to the applicable regulations of	classified	l, described, packa				are in proper condition
Generator Signature	~			Date	5-23	-53
TRANSPORTER #1 Van Waters & Rogers				E.P.A. ID	No. WAD	067548966
Address 8201 S. 212th						/· - /\ 0
CityKent		State_WA	_Zip_C	8032	Phone _	(206) 872-5000
Transporter No. 1 Rinning Signature This is to certify accepta	nce of th	ne hazardous was	te shipn	nent. Date_	9/29	9/63
TRANSPORTER #2 Van Waters & Rogers				E.P.A. IC	No. WAD	067548966
Address 8201 S. 212th City Kent		State WA	ZipC	8032	Phone	(206) 872-5000
Transporter No. 2 This is to certify accepta	ance of t					2-83
TREATMENT/STORAGE/DISPOSAL/FACILITY		,				
T/S/D/F / This is to certify acceptance of the	hazardo	ous waste for trea	itment, s	storage,	or disposa	1./pz -
Cinnatura (1) And HI DXDA DO a				D - 4 -	11 1116	/ / . .

ORIGINAL - RETURN TO GENERATOR

FUE-CIECLI.

GENERATOR ANNUAL DANGEROUS WASTE REPORT Form 4 1989 PLEASE PRINT OR TYPE — Blue or Black ink Only — (Form designed for use on Elite (12 pitch) typowritor) Use spacobar botween each characte: **EPA/STATE HAZARDOUS WASTE** WAD 0 1 2 3 0 2 6 6 7 JAN 27 1992 **HAD012302667** SITE IDENTIFICATION NUMBER SUNDSTRAND DATA CONTROL- MOSES LAKE COMPANY NAME ATTN: STACEY HAWKEY PO BOX 97001 REDMOND HA 93073 SITE CONTACT PERSON. AND TITLE You must complete Sections 1 through 4 PHONE NUMBER in addition to placing the label here. Do not cross out incorrect information. COMPANY MAILING ADDRESS FOR ECOLOGY USE ONLY SEND TO: DATE RECEIVED DEPT. OF ECOLOGY Hazardous Waste Section MAR 0 1 1990 Attn: Annual Reports R/6 Bldg. 4 Mail Stop PV-11 Olympia, WA 98504-8711 SITE LOCATION ADDRESS Assistance 1-800-874-2022 (206) 459-6387 DUE DATE: Postmarked SITE LOCATION COUNTY No Later Than Init DR Date 9-25-90
Init Does tolvie RECEIVED **MARCH 1, 1990** WASHINGTON DEPT. OF REVENUE 600-039-333 REGISTRATION (UBI) NUMBER Revision Pages_ DEPT. OF ECOLOGY Date_ STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES Verified 8 Date 1:1/9/ Baich No. 818-49 9. SITE EMPLOYMENT ON **DECEMBER 31, 1989** FOR ECOLOGY USE ONLY REGULATORY STATUS CERTIFICATION-Refer to the instructions and the "Guide For Hazardous Waste Generators" (1988 or First Edition) to complete this section. Mark only one entry by placing your initials in the space provided if none of these conditions apply to you, skip this section and complete the continuation sheet(s). CERTIFICATION—I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I

February 27, 1990

DATE SIGNED

believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment

Rodney K. Mocheman

Page 1 of __4__Pages

, 	1989		<u> </u>		FORM	4	GENERATOR ANNUAL DANGEROUS WA	STE REPORT		FORM	4	[0] <u>[</u> 5	(i) (i: 1) 30	(* 130°)
12.	EPA/STATE WAD0123026	 1	E		VING T TATE I R			14. TRANSPO EPA/STA ID NUME	TE			Solvot =	MM 7 1 1 .	
15. L I N E	WASTE ID A. MANIFEST DOCUMENT NUMBER	MAN	3. LFEST PMENT	C. S T A	D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION		G DANGEI WAS' NUMI	ROUS LE	H D E		620 412 279.2 568 650	;; ;D ;E ;LY
	·				L	0	Spent non-halogenated solvents; i toluene, acetone, 2-butanone from parts cleaning and painting.		D001 F005	F003	_	Dichlor. + Trich.	130.9	· · · · · · · · · · · · · · · · · · ·
16,	COMMENTS:												190 238 274 351	- !
						·							183.9	

12.	EPA/STATE 1	=	EPA/S	FORM IVING TOTATE I	SDF: Ba	ron-Blakeslee, Inc 20 NE 87th Avenue rtland, OR 97220	TE REPORT 14. TRANSPO EPA/STA ID NUME WAD0583	ATE BER	1500	west E		4년 17 9813	
15. L I N E	WASTE ID A. MANIFEST DOCUMENT NUMBER	B. MANIFES' SHIPMEN' DATE		D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION		G DANGEI WAS NUMI	ROUS TE	H. DW/ EHW	I. AMOUNT OF WASTE	EREGIONAL OF ECO SEREGIONAL OF THE PROPERTY OF	TSD USE ONLY
2	29	022889	Ĺ.	L	0	Dichloromethane (50%) and Trichlomoethane (50%) from electronic particles; Toxic	1	F001	WF01	ЕН₩	130.9	P	
3	29	022889		L	0	Dichloromethane (50%) and Trichloroethane (50%) from electronic part; Toxic		F001	WP01	EHW	190.	P	
4	31	051089		L	0	Dichloromethane (50%) and Trichloroethane (50%) from electronic part; Toxic		F001	WP01	EHW	238.	P	
5	33	080989		L	0	Dichloromethane (50%) and Trichloroethane (50%) from electronic part; Toxic		F001	WP01	EHW	274.	Р	
6	35	111689		L	0	Dichloromethane (50%) and Trichloroethane (50%) from electronic part		F001	WP01	EHW	351.	P	

PAGE 3 OF 4

12.	1989 BPA/STATE :	-	E	PA/S UMBE	FORM VING T TATE I R 836715	SDF: No D 15	GENERATOR ANNUAL DANGEROUS WASTE REPORT rthwest EnviroService 00 Airport Way South EPA/ST ID NUM attle, WA 98134 WAD058	ATE	1500	west 1	Enviros flyic ct Way South	DAN 2 /	V F. J.
15. L I N E	WASTE ID A. MANIFEST DOCUMENT NUMBER	MANI SHIP DATE	FEST MENT	C. S T A T	D. PHYS. ST.	E. CHEM NAT.	F. WASTE DESCRIPTION	DANG WA	G. EROUS STE MBER	H. DW/ EHW	I. AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY
7	28	0228	89		L	0	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	620.	P	
8	30	0510	89		L	0	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting	D001 F005	F003	DW	412.	P	
9	30	0510	89 /	L	L	0	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting	D001 F005	F003	DW	277.2	P	
10	32	0809	89		L	O	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	568.	P	
11	34	1116	89		L	0	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.	D001 F005	F003	DW	650.	P	

PAGE 4 OF 4

1988 FORM 4 GENERATOR ANNUAL DANGER	OUS WASTE REPORT 1988	Tarm?
1. COMPANY NAME	2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER	DATE RECEIVED
SUNDSTRAND DATA CONTROL, INC. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W.A.D012302667 : ;	1
3. SITE CONTACT PERSON CONTACT TITLE	CONTACT PHONE NUMBER	
STACEY HAWKEY . ! ENV. ADMIN.	206' - 885 - 8837! ext.	
	Y MAILING ADDRESS	
Dullul Hand	Box 97/001	are chabo
City State Zip Moses Lake WA 98834 Redmo	City State Zip wh. 98078 - 9701	imt: Date:
SITE LOCATION COUNTY GRANT	,	trutDate:
	RD INDUSTRIAL CLASSIFICATION (SIC) CODES 8. SITE EMPLO	
600 - 039 - 333 384		99
g. REGULATORY STATUS	CERTIFICATION	
REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THE	" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTR SE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND	Y BY PLACING YOUR INITIALS IN SKIP THIS SECTION.
A. L.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status	s and that I have read and understand the instructions for this section.	SEND TO:
B. EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED E REPORT, I understand this does NOT apply to on-site or off-site recycling of wastes, an and reported.	EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS	DEPARTMENT OF ECOLOGY HAZARDOUS WASTE SECTION ATTN. Annual Reports 8/8 Mail Stop PV-11 Olympia, WA 98504-8711
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup	occurred at this site.	FOR ASSISTANCE CALL:
D. NO WASTE—I certify that NO WASTE was generated, stored or removed from this site of	during 1988.	1-800-874-2022 (Seasonal Toll Free Number)
E. SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the	"Guide to Annual Reporting" I have entered the maximum generated, or ac-	Other times (208) 459-6281
cumulated on-site prior to shipment during the year in the space provided. I understand QEL for ALL wastes each and every month of 1988.	this section applies only if this site generated or accumulated less than the	DUE DATE: Postmarked No Later Than
F. OTHER—You MUST attach a detailed explanation with this form if you are declaring any	r other reporting exemption, or your form will be rejected.	MARCH 1, 1989
10. CERTIFICATION I certify under pensity of law that I have personally examined and am familiar with the information is true, accurate, and complete, I am aware that there are significant polescent polescent by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCF economically practicable and thave selected the method of treatment, storage, or disposal currently available to me which	enalties for submitting false information, including the possibility of fine and imprisonment. Unless I at RA. I also certify that I have a program in place to reduce the volume and toxicity of waste general	m a small quantity generator who has been
Redness K Machannan	7/27/89 DATE SIGNED	Page 1 of5Pages

1988			FORM -	4	GENERATOR ANNUAL DANGEROUS WAS	STE REPORT		FORM	4		1983	
. EPA/STATE 15 WAD012302667	rij Ki	DAZST UMBET	CATE II	D 150 PO	ndstrand Data Control, Inc 001 NE 36th Street BOX 97001 dwend, WA 98073-9701	13. TRANSE EPA/ST ID NUM WADDO9	ATE BER		NE 36 X 9700	-		3-9701
DOCUMENT	B. MANTEEST SHIFMENT DATE	C. S. T. A. T.	D. PHYS. OT.	E; CHEM NAT;	F. WASTE DESCRIPTION		G DANGEI WAS'	ROUS FR	H. DW/ EHW	I. AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY
1	053188		- 	<u></u>	1.1.1-Trichloroethane from degree electronic part elemina	reine and	F001	WFOT	EHW	88.	Р	

PAGE 2 OF 5

	1988				FORM	4	GENERATOR ANNUAL DANGEROUS WASTE REPORT	FOI	₹M 4		1988	
	EPAZGTATE I	:7]	EP		/ING T: PATE II		13. TRANSPO EPAZOTA 10 NUMI	ATE				
14. L I	WADTE ID A. MANIFEDT DOCUMENT NUMBER	B. MARLER SHIPME DATE		C. S T A T		E. CHEH NAT.	E. WANTE DESCRIPTION	G. DANGEROUS WASTE NUMBER	II. DW/ EHW	I AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY
2:					۲,	()	Dichloromethane (50%) and Trichlorotrifluor oethane (50%) from electronic part electronic		EHW	130.9	P	
:3:				- <u>-</u> -	l,	:,	Spent non-halogenated solvents; isopropanol, toluene, acetone, 2-butanone from electronic parts electronic and painting.		DM	277.2	P	
15.	COMMENTS:		h.	·1			1 <u></u>		· ••••]. •••• • • • • • • • • • • • • • •	,	L	

PAGE 3 OF 5

	1988			FORM	4	GENERATOR ANNUAL DANGEROUS WASTE REPOR	RT		FORM	4		1988	·
11.	EPA/STATE	67 E	PA/S UMBE	TATE [D 5	ID N	/STAT	re Cr		Airpor	EnviroService ct Way South	9813	4
L	MAGTE ID A. MANIFEST DOCUMENT NUMBER	R. MANTEST SHIPMENT DATE	C. S T A		E. CHEM NAT.	F. WASTE DESCRIPTION		G DANGEI WAS' NUMI	Rous Ve	II. DW/ EHW	I AMOUNT OF WASTE	J. WT. CODE	K. TSD USE ONLY
4	Žl	032288	Į,	L	()	Dichloromethane (50%) and Trichlorotriflu oethane (50%) from electronic part cleani		F001	WP01	ЕНЖ	119.	P	
5.	211	030088	L	l,	()	Dichloromethane (50%) and Trichlorotriflu oethane (50%) from electronic part cleani		FOUL	WPOI	EIIW	1071.	₽ .	
6	2:3	880880		ī,	(1	Dichloromethane (50%) and Trichlorotriflu oethane (50%) from electronic part cleani		F001	wpot	EIIW	1487.5	. P	
7	25	082488		1,	1)	Dichloromethane (50%) and Trichlorotriflu oethane (50%) from electronic part cleani		F001	WE01	EHW	1190.	P.	<u></u>
g	27	111788		[i	n	Dichloromethane (50%) and Trichlorotriflu oethane (50%) from electronic part cleani		F001	WF01	ЕНМ	1606.5	I.	
15.	COMMENTS:	- Promise Partie — Ing anggang pagas in submise P	L		· · · · · · · · · · · · · · · · · · ·		. <u></u> . 	l		L			

PAGE 4 OF 5

	EPA/STATE WADD1230266	···· ()	EI N	PAZS' UMBEI	VING T TATE 1 R 836715	D 15	rthwest EnviroService . 13 TRANS DU Airport Way South EPA/S ID NU ettle, WA 98134 WAD05	TATE MBER	ER: Nor 150	U Ai	et Er	iviroServic t Way South		4
14. [,	WASTE ID A. HANTEEST DOCUMENT NUMBER	HAN	O HERVY MENY	C. S T A	D THYS. ST.	E. CHEM NAT	F WASTE DESCRIPTION	DA	G. NGEROUS WASTE NUMBER	ו	I. DW/ THIV	I. AMOUNT OF WASTE	T CODE	K. TSD USE ONLY
9	(1)	93.5	18 3		T.	()	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.		001 F0 105	03 D)W	495.	Г	
10	[10]	027	88	[,	Ĺ.	()	Spent non-halogenated solvents; isopropanol tolucne, acetone, 2-butanone from electronic parts cleaning and painting.		001 F0	03 D	W	165.	· F	
11	22.	0620)333		را	0	Spent non-halogenated solvents; isopropanol toluene, acetone, 2-butanone from electronic parts eleaning and painting		001 F0	n:i D)W	330.	P	
12	.: 1	0824	138		ſ.,	()	Spent non-halogenated solvents, isopropanol toluene, acetone, 2-butanone from electronic parts cleaning and painting.		001 F00	Q EC	W	660.	F	
13	26	1117	188		L	()	Spent non-halogenated solvents, isopropanol toluene, acetono, 2-butanone from electronic parts cleaning and painting.		001 F00	תן גם	W	574.2	P	

PAGE 5 OF 5

I. EPA'STATE Hazardous Waste I.D.#	FUHM Z	DATE IN TO DEPARTMENT
W A n 10 11 2 13 10 12 16 16 /	NOTIFICATION OF	8
II. Waste Designated By: SQ	DANGEROUS WAS LE ACTIVITIES	A. T.
State Only Non-Repulated Non-Handler / Protective Filing		第二 并
### ACP - Exempt Recycler : Enlergency Draid exempt Recycler : Remastal Action	(send to) Attn: DW Notifications Washington State Department of Ecology	Part Date 1/75 Region: E
Cine: Cher	M/S PV-11 Olympia, WA. 98504-8711 (206) 459-6314/6305/6306	Date: Copy.
DEPARTMENT USE ONLY	(200) 435-63 147 63637 6366	DEPARTMENT USE ONLY
1. A. FIRST NOTIFICATION	C. WE REQUEST TO HAVE OUR I.D.#	WITHDRAWN (enter current I.D
B. REVISED NOTIFICATION (enter current I.D # in upper left)	assigned to you in section 99 in upp D. REACTIVATE OUR NOTIFICATION (co	
revisions effective: 30 / 29 / 85	E. SITE CLOSED (We are no tonger conducting business	at this location and want our ID No. canceled)
2.A. WASHINGTON STATE DEPARTMENT REVENUE REGISTRATION (TAX) NUM		CONDARY OTHER
6 10 10 1-10 13 19 1-13 13 1	3 8 1	
3. NAME OF COMPANY		
UNDSTRANDDA	TACONTROL	Molslels I Lax
4. MAILING ADDRESS STREET, PO E	OX. OR RURAL ROUTE & BOX NO	
3 IL D G 12 11 11 14 1 G 18 A	NT COUNTY A	I R P O R T
CITY OR TOWN	STATE W A 9	ZIP CODE
5. LOCATION OF WASTE ACTIVITIES (In:	tallation) 6. COUNTY W	18 :0 :5 :12 : 1
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions (arefully) INSTALLAT	ION IS LOCATED
B L 'D G 2 1 11 14 G R A	NT COGRANT	
A I R P O R T CITY OR TOWN	STATE	Z:P CODE
M O S E ! S' L A K E	W A 9	8 0 5 2 - 1
7. DANGEROUS WASTE ACTIVITIES YOU (Reas & Foliow Instructions Caratully—Enter an "X" in appro		
	TER (complete this section only if YOU	C. WASTE MANAGE!
an off-site	**	FACILITY (TSD) (refer to definition
	Transport Waste For Hire of Transport YOU Operate	in instructions (1) TREATMENT
D HNDEBCBOHND	HIGHWAY (b) AIR (c) RAIL	(2) 🔲 STORAGE
) WATER (e) OTHER	(3) UDISPOSAL (4) WE ACCEPT
8. CCNTACT PERSON		OFF-SITE W/
NAME (last).	(tirst)	
ANDERSONGARY		
M A N C F P		ed code & number)
Y A N G E R	1 5 10 9	1 10 7107 05 01 01
3 L' N D S T B A N D C O	p p	10. TYPE OF OWNEL (enter letter code
9B. OWNERSHIP (Legal Owner(s) of site (Property))	P
PORT OF MOSES	LAKE	113610

E	Description c (aste(s)	C, gerous Waule Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity
·	souropanel, electronic parts cleaning	D ' 00 1 W T C 2	1 1 1 1 1 1 1 2 1 5 6
2 ! -	richloroethylene, electronic parts cleaning	<u> </u>	1400
3 ! T	richloro trifluoroethane (freon tf) electronic		5600
4	clea	ning	
5		1 1 1 1 1 1 1 1	
6 !		1 1 1 1	
7			
a		1 1 1 1 1 .	
9	· · · · · · · · · · · · · · · · · · ·		
-3		1 1 1 1	
~	Batch Frequency	B. 52 PER MONTH	OUANTITY WELG
(0 A C E G H	CORMS AND INFORMATION REQUEST Check the box(es) of those items desired and indicate how many)	ICILITY ANNUAL REPORT/UNIV ID REGULATIONS (WAC 173-303)	MANIFESTED WASTE HER
Icertit	vinger penetry of law that I never personally examined and am familiar with the willing of those individuals immediately responsible for obtaining the information. I	oformation cubmitted in this and all altech New york that the submitted into matter is:	ediculuments, and that based or rue, one irate, and complete. Fan
	that there are significant penalties for submitting false information, including the		DATE SIGNED:
PINTED		Group Controller	March 29, 1

-€3}- ,

ECLS SES

	ı ⊋ ≟FORM 2	MA 28 8
I. EPA/STATE Hazardous Waste I.O.#	NOTIFICATION OF	Init LD Date 2 - 28 Region E
W A	NOTIFICATION OF DANGEROUS WASTE	Input' Update' Ack.'
II. Waste Designated By: RCRA/StateSQ/RCRA	ACTIVITIES	
State OnlyNon-Handler / Protective Filing	ACTIVITIES	FEB 2.6.1987
III. Exemption Status: IV. Handling RCRA Exempt Recycler Emergency	(send to) Attn: DW Notifications Washington State Department of Ecology	7 77 -011 1017
State Exempt Recycler Remedial Action One-Time-Only	M/S PV-11 Olympia, WA. 98504-8711	र वर्गाहरी संस्था नेस्कर र
Other Other	(206) 459-6305/6306	
DEPARTMENT USE ONLY Type or Print in Ink	—Form designed for use on Elife (12 pitch type)	DEPARTMENT USE ONLY
1 A FIRST NOTIFICATION	X B. REVISED NOTIFICATION	date revisions effective 02, 27, 87
(no previous application has been made for this site) C. WITHDRAW SITE I.D.#	D. REACTIVATE SITE ID	st sections you revised
(Complete Sections 1F 2A 3, 5 8 & 15 Enter existing ID 4	in Part (F) Enter previously assigned (O # in Part	IF)
L. CANCEL SITE ID # (Site closed—no longer business at this site. Complete Sections 1F 2A 3 5 8 8 15 Enter existing		W ₁ A D ₁ O ₁ 1 ₁ 2 ₁ 3 ₀ 2 ₁ 6 ₁ 6 ₁ 7
2.A. WASHINGTON STATE DEPARTMENT REVENUE REGISTRATION (TAX) NUM		.: ONDARY OTHER
6 0 0 -0 13 19 - 3 3	3 8 1 1	ONDARY OTHER
	5 0 1.1	
3 NAME OF COMPANY	,	
SUNDSTRAND DA	T A C O N T R O L	
		<u>: </u>
4. MAILING ADDRESS STREET RO	BOX OR RURAL ROUTE & BOX NO	
P'0 B 0 X 9 7 0 0 1 .	1 5 0 0 1 N E 3 6	5 T H S T
CITY OR TOWN	STATE	ZIP CODE
R E D M O N D	W A 9 8	3 0 7 3 - 9 7 0 1
5 LOCATION OF WASTE ACTIVITIES (In	stallation) 6. COUNTY WE	l l
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions		ON IS LOCATED
BILDG 211114 GRA	N T G R A N T	
C'OLUINITIY! ALI R'PO'R	. T	
CITY OR TOWN	STATE	ZIP CODE
MIOISIE S. LIAKE!	W A 9	8,8 3 7 -
	TE ACTIVITIES YOUR BUSINESS IS CONDUCT any sections of 7A, 7B, or 7C below that may	
,	•	у арріу).
7A. HAZARDOUS WASTE ACTIVITIES (See ins	ructions for definitions of these activities)	
T. GENERATOR		
	es Commercially (for hire) ort (1) Thighway (2) Air (3) Rail :	(4) . Water (5) □ Other
3 MANAGEMENT FACILITY (TSD) 33	Facility accepts wastes from OFF-SITE G	(specify in comment
3b. Processes of (1) Treatm	enducted or available at this facility, ent (2) - Storage (>180 days) (3) [Disp	posal
(4) Cother	(specify in comments)	
4 UNDERGROUND INJECTION OF WA	STE(S)	
, 5 MARKET OR BURN DANGEROUS W	ASTE FUELS—5a _ Generator Marketing to	
7B USED-OIL FUEL ACTIVITIES	5c 3 Burner (COMPLETE 7C-1	YPE OF COMBUSTION DEVICE)
	a Generator Marketing to Burner 1b Othe	r Marketer 1c [7] Burner (Complete 20
	TER (or ON-SITE BURNER) WHO FIRST CLAIMS	
	FION USED-OIL FUEL BURNING TYPE OF C	
	ion devices) - 1 🖸 Utility Boiler - 2 🔲 Industrial E	Boiler 3 🗀 Industrial Furnace
7D NEW REGULATORY REQUIREMENTS Indicate in the space provided, the activity yo	are notifying for, (if it is not listed above), for w	vnich you need an ID #
		(continue in Comments).
8 CONTACT PERSON		er e
NAME (last).	(fusi)	606-016612
H.A.W.K.E.Y., S.T.A.C.	ElY	
Dire		code & number)
·	GIENIIST 206-	- 8 8 5 - 8 8 3 7
OMNERSHIP (Legal Owner(s) of this Company		10A TYPE OF 10B. IS SITE LOCATED ON
S U N D S T R A N D D A		(enter letter code in box) SEE INSTRUCTIONS INDIAN TRUST LANDS? Y=Yes N=No
9B. OWNERSHIP (Legal Owner(s) of site (Property		
PCRTIOF MIOSES	LAK'E;	PN

8 LM LM LM LM LM LM LM LM LM LM LM LM LM	Description of Waste(s)	173-303)	Estimated or Actual Annual Waste Quantity
Spent halogenated	solvents; electronic parts cleaning;	F' 0' 0' 1 W' P' 0' 1	
Spent non-haloger	TF, freon TMS, 1,1,1-trichloroethane nated solvents; isopropanol, toluene,	F' 0' 0' 3 F' 0' 0' 5	9000
	one; electronic parts cleaning	D' 0' 0' 1	3000
		1 1 1 1 1 1 1	
3 			
4			
5		1 1 1 1 1	
6		1 1 1 1	
7		1 1 1 1 1 1	
			 - - - - - -
8		, -, -, -, -, -, -, -, -, -, -, -, -, -,	
3			1111
			
10		1 1 1 1	
	IMUM QUANTITY of all wastes, listed above batch. In 12C indicate maximum to be accompanity weight approximately and accompanity weight approximately and accompanity weight approximately approximately approximately and accompanity weight approximately app		c shipment.
, zn (Datell Frequ	CODE	TED ELLI MONTH	11000
1100		QUANTITY WEIGHT	
12C. Amount to be	Accumulated on-site prior to shipment	3 0 0 0 P	
	er Information by Section & Line Number—S 1; column B: freons described are: TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane	50% dichloromethane	
	1; column B: freons described are: TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane	50% dichloromethane 6% methanol	
Section II, line	1; column B: freons described are: TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane Full name and address of property of Port of Moses Lake Grant County Airport	50% dichloromethane 6% methanol	
Section 11, line Section 9B: 14 FORMS AND INF (Check the box(es) of A NOTIFIC C BIOLOG E CHEMIC G DANGEF H DANGEF I OTHER	TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane Full name and address of property of Port of Moses Lake Grant County Airport Moses Lake, WA 98837 FORMATION REQUEST Those items desired and indicate how many) TATION FORM B PART A PERMINICAL TEST PROCED D GENERATOR AND ALL TEST PROCED. F TSD FACILITY ROUS WASTE LEGISLATION (RCW 70.105) AND REGUITS ROUS WASTE FEES LEGISLATION (RCW 70.105A) & RESPECTIVE PROCESS AND REGUITS ROUS WASTE FEES LEGISLATION (RCW 70.105A) & RESPECTIVE PROCESS AND REGUITS AND REG	50% dichloromethane 6% methanol owner: T FORM FOR TSD FACILI NNUAL REPORT FORM ANNUAL REPORT/UNMANII LATIONS (WAC 173-303)	
Section 11, line Section 9B: 14 FORMS AND INF (Check the box(es) of A NOTIFIC C BIOLOG E CHEMIC G DANGEF H DANGEF I OTHER	TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane Full name and address of property of Port of Moses Lake Grant County Airport Moses Lake, WA 98837 FORMATION REQUEST Those Items desired and indicate how many) SATION FORM B PART A PERMINICAL TEST PROCED AL TEST PROCED TO GENERATOR AND	50% dichloromethane 6% methanol owner: T FORM FOR TSD FACILI NNUAL REPORT FORM ANNUAL REPORT/UNMANII LATIONS (WAC 173-303)	
Section 11, line Section 9B: 14 FORMS AND INF (Check the box(es) of A	TMC: 50% trichlorotrifluoroethane, TF: trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane TMS: 94% trichlorotrifluoroethane Full name and address of property of Port of Moses Lake Grant County Airport Moses Lake, WA 98837 FORMATION REQUEST Those items desired and indicate how many) TATION FORM B PART A PERMINICAL TEST PROCED D GENERATOR AND ALL TEST PROCED. F TSD FACILITY ROUS WASTE LEGISLATION (RCW 70.105) AND REGUITS ROUS WASTE FEES LEGISLATION (RCW 70.105A) & RESPECTIVE PROCESS AND REGUITS ROUS WASTE FEES LEGISLATION (RCW 70.105A) & RESPECTIVE PROCESS AND REGUITS AND REG	50% dichloromethane 6% methanol owner: T FORM FOR TSD FACILI NNUAL REPORT FORM ANNUAL REPORT/UNMANI LATIONS (WAC 173-303) REGULATION (WAC 173-305)	FESTED WASTE R

1985 Form 4 GENERATOR ANNUAL DANGEROUS WASTE REPORT	1985	Form 4
1. COMPANY NAME 2. EPA/STATE HAZARDOUS WASTE IDEN WA D 0 1 2 3 Q 2 6		3-12-44
Street of Description (See instructions) City State Zip	CATION COUNTY N T	DATE RECEIVED
P - O . B O X 9 7 0 0 1	OLMBLAD, D Phone 2061-885	AVID ω;
7. WASHINGTON STATE DEPT OF REVENUE REGISTRATION NUMBER 8. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES Primary Secondary Other	9. SITE EMPLOYME 31, 1985	NT ON DECEMBER
10. REGULATORY STATUS—If your company meets any of the conditions below, you are exempt from completing page 2 of the report. (Circle the appropriate number) 1. Installation Closed—No longer conducting business at this site (date closed	SEND TO: DEPARTMENT HAZARDOUS V ATTN. Annual F Mail Stop PV-1 Olympia, WA 9 Phone Numbers for Assis	VASTE SECTION Reports R/6 1 8504-8711
11. ONE-TIME-ONLY GENERATOR STATUS. Regulated dangerous waste was generated only one time during calendar year 1984. Refer to instructions and WAC 173-305-040 to determine if you are a one-time-only generator. If this status applies to you, you must still complete page two of this report.	DUE DATE: Postmarked No MARCH 1	; ì
12. CERTIFICATION I certify under porally 2: 13= that have personally examined and am familiar with the incomplete is an auto into the angular confidence in the submitted information is true accounts and complete is an auto into the examined in the area spondard interest specification and submitted into the example of	February 28	, 1986
FCRM ECY 030 28 (Rev. 12 84) ECL28 984	For	rm 4 Page 1 of _2

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	YOUR EPA/STATE ID. A D 0 1 2 3 0 2	E	A/STAT	EIVING FACILE TO NUMBER	9	NAME- ADDRESS Northwest Enviro Service 1500 Airport Way South Seattle, WA 98134	15 TRANSPORTER EPA-STATE ID NUMBER W A D 0 5 8 3	NAME ADORE	ss 1	Orthwest Enviro Se 500 Airport Way So eattle, WA 98134		e /eight Cod We Co
6 L N E	WASTE IDENTIFICATION A. Manifest Document Number	B. Manifest Shipment Date (MM DD Y	C. S t a t u	State S=Solid L=Liquid G=Sludge	Nature 0 = Organic of = Organic	F. Waste Description (see instructions)		G. Dangerous Waste Number (see Instructions and WAC 173-303)	H Vaste Designa- tion DW or EHW	I. Amount of Waste	J.	K. For T Faci Use C
1	1004	052085		L	0	Ignitable; electronic parts cleaning; isopro	pyl alcohol	D 0 0 1	DW	1,386	P	
2	00003	121785		L	0	Ignitable; electronic parts cleaning; isopro	pyl alcohol	D: 0: 0: 1	DW	1,386	₽	
,	00002	121785		L	0	Spent halogenated solvent; electronic parts 50% trichlorotrifluoroethane, 50% methylene		F; 0: 0, 1 W P. 0	EHW	3,273	Р	
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FORM ECY 030-28 (Rev 12/84) -288 964-

606-016615

Form 4

•	A D 0 1 2 3 0 2	EPA/	STATE	VING FACIL		NAME: Baron Blakeslee 5920 N.E. 87th Ave. Portland, OR 97220	15 TRANSPORTER EPA/STATE ID NUMBER WAD0583	NAME: ADDRE	^{SS} 1500	hwest Tank Service Airport Way South tle, WA 98134	w	reigh	t Code
16. L I N E	A. Manifest Document Number	B. Manifest Shipment Date (MM D0 YY)	C. Status	D Physical State S=Solid L=Liquid G=Sludge M=Compre	E. Chemical Nature 0=0rganc l=Inorganc ssed Gas	F. Waste Description (see Instructions)		G. Dangerous Waste Number (see Instructions and WAC 173-303)	H. Waste Designa- tion DW or EHW	I. Amount of Waste	J.	F	K. or TS acili
1	00001	052085		L	0	Spent halogenated solvent; electronic parts 50% trichlorotrifluoroethane, 50% methylene		W P O 1 F O O 1	ЕНЖ	5,236	P	1	I
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606-016616

Form 4

Section 16, Line 1, Column F: chloride (freon TMC)

RM ECY 030-28 (Rev 12/84) -288 984-

State of RECEI'LED Dan 1	3/14/84 Deb & Sunstrain
**************************************	FACILITY I O NUMBER 2
Department DEC 3 1980TIFICATION OF	W A
MS-PV-II DANGEROUS WASTE ACTIVITIES Olympia. WA 985 DEPARIMENT OF ECONOMIC PERSONAL DEFICE	RCRA/STATE STATE ONLY
Olympia. WA 985 DEPARIMENT UN ECOLOM	
Spurate Regions	DEPARTMENT USE ONLY
A. NAME OF FACILITY	
S UNDS TRAND DATA CONTROL	
B. FACILITY MAILING ADDRESS	
B U I L D I N G 2 1 1 4 G R A N T C O U N T Y A	IRPORT
CITY OR TOWN	STATE ZIP CODE
	W A 9 8 8 3 7
C. LOCATION OF FACILITY	
STREET OR ROUTE NUMBER	
B U I L D I N G 2 1 1 4 G R A N T C O U N T Y A	IRPORT
CITY OR TOWN County	STATE ZIP CODE
M O S E S LAKE!	W A 9 8 8 3 7
D. FACILITY CONTACT	
NAME (last, first)	
A N D E R SON GARY	
יין רייין דיין דיין די דיין די דיין די דיין די דיין די די דיין די די דיין די די דיין די די דיין די די דיין די אין וויין דיין די די די די דיין די די דיין די די דיין דיין דיין דיין דיין דיין דיין דיין דיין דיין דיין דיין די	TELEPHONE
	5 0 9 7 6 2 5 5 6
E. OWNERSHIP	
S U N D S T R A N D D A T A C O N T R O L I IN C	TYPE OF OWNERSHIP F & Finderel N - N - Nonfederel
F. TYPE OF DANGEROUS WASTE ACTIVITY	
(Enter "X" in the appropriate boxes)	
GENERATION TRANSPORTATION TRANSFER FACILITY TREAT STORE DISPOS	EE CHOERGROUND INJECTION
F-1. MODE OF TRANSPORTATION (complete only if you are transporting	g waste off-site)
☐ AIR ☐ RAIL ☐ HIGHWAY ☐ WATER ☐	OTHER (specify)
G. CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the info attached documents, and that based on my inquiry of those individuals immediated information. I believe that the submitted information is true, accurate, and complete I am penalties for submitting false information, including the possibility of fine and imprisonme	y responsible for obtaining the n aware that there are significant
NAME & OFFICIAL TITLE (Type of print) Basil Ca	;

ECY 030-5

(COMPLETE REVERSE)

Page Loff

H.									
U.) H-2. DANGEROUS	H-3. AMOUNT H-4.0						
1 8 H	H-1. DESCRIPTION OF WASTE	WASTE NUMBER	WASTE (ANNUAL)						
E A			Estimated of Actualss						
1	Freon TMC	F 0 0 1	1 6 5 0 0, P						
2									
	Isopropyl alcohol	η, 0, 0, 1,	2 2 0 0 P						
3	Trichloroethane	F 0 0 1	2 4 0 P						
	m								
4	Trichloroethylene	<u>F 0 0 1</u>	1 3 2 0 P						
5		ha har harre							
-6 !									
7									
- 1									
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13		 							
14									
15	•								
co	AMENTS (ENTER INFORMATION BY LINE NUMBER—SEE INSTRUCTIONS)		·						
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			}						
 	FORMS REQUEST (CHECK THE BOX OF THOSE FORM(S) REQUIRED AND INC	DICATE HOW MANY).							
"									
	NOTIFICATION FORM PART A PERMIT FORM FOR TSD FACILITIES								
	GENERATOR ANNUAL DANGEROUS WASTE F	GENERATOR ANNUAL DANGEROUS WASTE REPORT FORM TSD FACILITY ANNUAL DANGEROUS WASTE REPORT/UNMANIFESTED WASTE REPORT BIOLOGICAL TESTING PROCEDURES							
	TSD FACILITY ANNUAL DANGEROUS WASTE								
	BIOLOGICAL TESTING PROCEDURES								
	CHEMICAL TESTING PROCEDURES								